2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 744263

1. Entity Name
OCEAN DREAM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O FRANK DUNNE 234 WALNUT AVE REVERE, MA 02151	C/O FRANK DUNNE 234 WALNUT AVE REVERE, MA 02151

DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1187025

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MULLEN, JOSEPH P.
5100 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL. KG, FL 33308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000415848

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

02/11/06-80013-005 61.25

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	CORDWELL, JOAN
STREET ADDRESS	231 PRINCETON STREET
CITY ST ZIP	EAST BOSTON, MA 02128
TITLE	ST
NAME	DUNNE, FRANCIS A
STREET ADDRESS	234 WALNUT AVE
CITY-ST-ZIP	REVERE, MA 02151
TITLE	VP
NAME	BARRETI, CATHERINE
STREET ADDRESS	4541 N OCEAN DRIVE, APT#3
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	D
NAME	KUHNLE, GLENN
STREET ADDRESS	4541 N OCEAN DRIVE, APT #6
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	D
NAME	PAPPAS, CORINNE
STREET ADDRESS	3 SEAL HARBOR ROAD
CITY-ST-ZIP	WINTHROP, MA 02152
TITLE	D
NAME	SANTARPIO, CAROL
STREET ADDRESS	21 WINTHROP PARKWAY
CITY-ST-ZIP	REVERE, MA 02151

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francis A. Dunne Francis A. Dunne 1/30/06 (781)289-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #