


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90094 046 ****61.25

DOCUMENT # 744263	
1. Entity Name OCEAN DREAM CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O FRANK DUNNE 234 WALNUT AVE REVERE MA 02151	Mailing Address C/O FRANK DUNNE 234 WALNUT AVE REVERE MA 02151
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1187025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CORDWELL, JOAN 231 PRINCETON STREET EAST BOSTON MA 02128 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST DUNNE, FRANCIS A 234 WALNUT AVE REVERE MA 02151 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BARRETT, CATHERINE 4541 N OCEAN DRIVE, APT#3 LAUDERDALE BY THE SEA FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D KUHNLE, GLENN 4541 N OCEAN DRIVE, APT #6 LAUDERDALE BY THE SEA FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D PAPPAS, CORINNE 3 SEAL HARBOR ROAD WINTHROP MA 02152 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D SANTARPIO, CAROL 21 WINTHROP PARKWAY REVERE MA 02151 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CAROL SANTARPIO 21 WINTHROP PARKWAY REVERE, MA. 02151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP EUGENE O'NEIL 88 OLD COLONY ROAD HYANNIS, MA. 02601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CATHERINE BARRETT 4541 N. OCEAN DRIVE, APT. #3 LAUDERDALE-BY-THE-SEA, FL. 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DOLORES BORDINARO 11 ADAMS AVE. EVERETT, MA. 02149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 2/1/07 (781) 289-3235