

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90021 035 \*\*\*\*61.25

<b>DOCUMENT # 744263</b> 1. Entity Name <b>OCEAN DREAM CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O FRANK DUNNE 234 WALNUT AVE REVERE, MA 02151</b>			Mailing Address <b>C/O FRANK DUNNE 234 WALNUT AVE REVERE, MA 02151</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1187025</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MULLEN, JOSEPH P. 5100 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL. KG, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANTARPIO, CAROL</b> <b>21 WINTHROP PARKWAY</b> <b>REVERE, MA 02151</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BORDINARO, DOLORES</b> <b>11 ADAMS AVE.</b> <b>EVERETT, MA. 02149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DUNNE, FRANCIS A</b> <b>234 WALNUT AVE</b> <b>REVERE, MA 02151</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>O'NEIL, EUGENE</b> <b>88 OLD COLONY RD</b> <b>HYANNIS, MA 02601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRETT, CATHERINE</b> <b>4541 N. OCEAN DR. APT #3</b> <b>LAUDERDALE BY THE SEA, FL 33308</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUHNLE, GLENN</b> <b>4541 N. OCEAN DR., APT. #6</b> <b>LAUDERDALE BY THE SEA, FL 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAPPAS, CORINNE</b> <b>3 SEAL HARBOR ROAD</b> <b>WINTHROP, MA 02152</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BORDINARO, DOLORES</b> <b>11 ADAMS AVE</b> <b>EVERETT, MA 02149</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORDWELL, JOAN</b> <b>231 PRINCETON ST.</b> <b>EAST BOSTON, MA. 02128</b>	<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 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.					
<b>SIGNATURE: <u>Francis A. Dunne</u> FRANCIS A. DUNNE 2/3/08 (781) 289-3235</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>SECRETARY/TREASURER</b>					