

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744263

FILED
Mar 13, 2010
Secretary of State

Entity Name: OCEAN DREAM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O FRANK DUNNE
234 WALNUT AVE
REVERE, MA 02151 US

New Principal Place of Business:

Current Mailing Address:

C/O FRANK DUNNE
234 WALNUT AVE
REVERE, MA 02151 US

New Mailing Address:

FEI Number: 59-1187025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MALONE, SAM
Address: 231 PRINCETON STREET
City-St-Zip: EAST BOSTON, MA 02128 US

Title: ST
Name: DUNNE, FRANCIS A
Address: 234 WALNUT AVE
City-St-Zip: REVERE, MA 02151 US

Title: VP
Name: BARRETT, CATHERINE
Address: 4541 N OCEAN DRIVE, #3
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308 US

Title: D
Name: KUHNLE, GLENN
Address: 4541 N OCEAN DR APT #6
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: D
Name: PAPPAS, CORINNE
Address: 3 SEAL HARBOR ROAD
City-St-Zip: WINTHROP, MA 02152 US

Title: D
Name: SANTARPIO, CAROL
Address: 21 WINTHROP PARKWAY
City-St-Zip: REVERE, MA 02151 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS A. DUNNE

TREA

03/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date