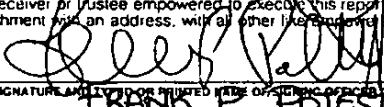


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-11-2006 90234 040 ***150.00

DOCUMENT # P05000163396 1. Entity Name TOWNE PLACE/UCA-MM, INC.					
Principal Place of Business 7995-B PRESERVE CIRCLE NAPLES FL 34119			Mailing Address 7995-B PRESERVE CIRCLE NAPLES FL 34119		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-4909008				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONROY, J. THOMAS III C/O CONROY, CONROY & DURANT, P.A. 42210 VANDERBILT BEACH ROAD STE 1201 NAPLES FL 34109			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 \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP POSTESTIO, FRANK P JR 7995-B PRESERVE CIRCLE NAPLES FL 34119	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FINKELSTEIN, EDWARD S 7995-B PRESERVE CIRCLE NAPLES FL 34119	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CONROY, J. THOMAS 7995-B PRESERVE CIRCLE NAPLES FL 34119	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CONROY, KIMBERLY D 7995-B PRESERVE CIRCLE NAPLES FL 34119	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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 607, 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 endorsements.					
SIGNATURE: 					
SIGNATURE AND PRINTED NAME OF OFFICING OFFICER OR DIRECTOR: FRANK P. POSTESTIO, JR.					
Date: 3/2/06					
File Number: (232) 543-9641					