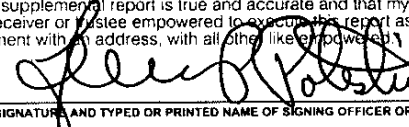


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 038 ***150.00

DOCUMENT # P05000163396 1. Entity Name TOWNE PLACE/UCAMM, 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 - No P.O. Box # 2235 Venetian Ct. Suite, Apt. #, etc. #3		3. Mailing Address 2235 Venetian Ct. Suite, Apt. #, etc. #3	
City & State Naples, FL		City & State Naples, FL	
Zip 34109		Zip 34109	
Country USA		Country USA	
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. 2210 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	DP Postestio, Frank P Jr. 2235 Venetian Ct. #3 Naples, FL 34109 ☒ Change ☐ Addition
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	2235 Venetian Ct. #3 Naples, FL 34109 ☒ Change ☐ Addition
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	2210 Vanderbilt Bch. Rd., Ste. 1201 Naples, FL 34109 ☒ Change ☐ Addition
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	2210 Vanderbilt Bch. Rd., Ste. 1201 Naples, FL 34109 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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 empowered.			
SIGNATURE:  FRANK POSTESTIO, JR 4-7-08 239-593-9641 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

40098963



04072008 Chg-P CR2E034 (12/06)