

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000040179**

1. Entity Name  
**DISTINCTIVE RESIDENTIAL DEVELOPMENT, INC.**



Principal Place of Business  
**1845 TRADE CENTER WAY  
C/O CATHRINE A. HERNDON  
NAPLES, FL 34109**

Mailing Address  
**1845 TRADE CENTER WAY  
C/O CATHRINE A. HERNDON  
NAPLES, FL 34109**



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-4247889**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NOVATT, JEFF M  
821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**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**

000000852997  
03/26/08-80051-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	FITERMAN, STEVEN C
STREET ADDRESS	6967 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	S
NAME	FITERMAN, MATHEW
STREET ADDRESS	1845 TRADE CTR WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/29/08**

Date

**239-596-2966**

Daytime Phone #