2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082544

City-St-Zip:

NAPLES, FL 34109

FILED Apr 07, 2009 Secretary of State

Entity Nar	ne: DISTIN	ICTIVE COMMUNITIES, INCORF	PORATED		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1845 TRAD NAPLES, F	DE CENTER FL 34109	RWAY			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1845 TRAD NAPLES, F	DE CENTEF FL 34109	RWAY			
FEI Number:	59-3598887	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NOVATT, JEFF M 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102 US			KILPATRICK, BLAKE 9132 STRADA PLACE FOUTH FLOOR NAPLES, FL 34109 US	9132 STRADA PLACE	
	named enti e of Florida.	ty submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BLAKE KILPATRICK				04/07/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD FITERMAN, 1845 TRADI NAPLES, FL	E CENTER WAY	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VPD STURDYVIN 1845 TRADI NAPLES, FL	E CENTER WAY	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	S FITERMAN, 1845 TRADI		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID STURDYVIN VP 04/07/2009