

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34418**

1. Entity Name  
**THE BRAZILS HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**325 VALLEY FORGE ROAD  
W PALM BEACH, FL 33405 US**

Mailing Address  
**325 VALLEY FORGE ROAD  
W PALM BEACH, FL 33405 US**



04182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0163954** Applied For  
Not Applicable

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

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

**ADLER, H M  
325 VALLEY FORGE RD  
WPB, FL 33405**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000522623  
05/03/06-80037-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PURCELL, MARTIN
STREET ADDRESS	435 BRAZILIAN AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	TSD
NAME	ADLER, HOLLY M
STREET ADDRESS	325 VALLEY FORGE RD
CITY-ST-ZIP	W PALM BEACH, FL 33405
TITLE	D
NAME	HOUDRY, JACQUES
STREET ADDRESS	421 BRAZILIAN AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	PD
NAME	DAY, JOSEPH
STREET ADDRESS	425 BRAZILIAN AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	ABLE, HELEN
STREET ADDRESS	419 BRAZILIAN AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
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 617, 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

*Holly Melba Adler* **Holly Melba Adler/Director**

**4/18/06**

**561-586-1868**

Daytime Phone #