

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N34418

Entity Name: THE BRAZILS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

325 VALLEY FORGE ROAD  
W PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

325 VALLEY FORGE ROAD  
W PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 65-0163954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TSD ( ) Delete  
Name: ADLER, HOLLY M  
Address: 325 VALLEY FORGE RD  
City-St-Zip: W PALM BEACH, FL 33405

Title: PD ( ) Delete  
Name: DAY, JOSEPH  
Address: 425 BRAZILIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: ABLE, HELEN  
Address: 419 BRAZILIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: BARTHOLOMA, WILLIAM  
Address: 433 BRAZILIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: TOWNSEND, PETER  
Address: 421 BRAZILIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: BALLANTINE, JOHN  
Address: 429 BRAZILIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SCHNEIDER, IRA  
Address: 435 BRAZILIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY MELBA ADLER

TSD

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date