

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004292

**Entity Name:** P.C.A.D.B. ASSOCIATION, INC.

**Current Principal Place of Business:**

4205 WEST ATLANTIC AVE.  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2737 S CLEARBROOK CIR  
DELRAY BEACH, FL 33445

**FEI Number:** 20-2824988

**Certificate of Status Desired:** No

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

FRANCO, DIANE  
2737 S CLEARBROOK CIR  
DELRAY BEACH, FL 33445 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FRANCO, DIANE  
Address        2737 S CLEARBROOK CIR  
City-State-Zip: DELRAY BEACH FL 33445

Title            VP  
Name            BRYSON, ALAN  
Address        5155 CORPORATE WAY  
                  SUITE J  
City-State-Zip: JUPITER FL 33458

Title            TREASURER  
Name            SPERLING, DAN DR.  
Address        4205 WEST ATLANTIC AVE  
                  SUITE D 401  
City-State-Zip: DELRAY BEACH FL 33445

Title            SECRETARY  
Name            JABER, TALIB  
Address        4205 WEST ATLANTIC AVE.  
                  SUITE C 301  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIANE FRANCO

**MANAGER**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date