

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771292

**Entity Name:** BAYVIEW PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2022**  
**Secretary of State**  
**9880012440CC**

**Current Principal Place of Business:**

1701 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

1701 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780 US

**FEI Number: 45-1678193**

**Certificate of Status Desired: No**

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

PRAVER, ROY A  
1701 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780 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            FILICHIA, ROBERT  
Address        1703 S. WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title            SECRETARY, DIRECTOR  
Name            PRAVER, ROY A  
Address        1701 S WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32780

Title            T,D  
Name            FILICHIA, LINDA  
Address        1703 S WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL

Title            V,D  
Name            NESTOR, KIM  
Address        1707 S. WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            BOFFO, MAGGIE  
Address        1705 S. WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32780

*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: ROY A PRAVER**

**S/D**

**03/08/2022**

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

\_\_\_\_\_  
Date