

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000010501

Entity Name: BALSAMIC PLURANUS SOCIETY, INC.**Current Principal Place of Business:**22516 NEW YORK AVENUE
PORT CHARLOTTE, FL 33952**Current Mailing Address:**22516 NEW YORK AVENUE
PORT CHARLOTTE, FL 33952 US**FEI Number:** 84-3268997**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAITE, LAWRENCE S
22516 NEW YORK AVENUE
PORT CHARLOTTE, FL 33952 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 WAITE, LAWRENCE S
Address 22516 NEW YORK AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name WAITE, LAWRENCE S
Address 22516 NEW YORK AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP
Name LAPCIC, DUBRAVKA
Address SENJSKA 1A
City-State-Zip: KARLOVAC 47000

Title SECRETARY
Name LAPCIC, DUBRAVKA
Address SENJSKA 1A
City-State-Zip: KARLOVAC 47000

Title TECHNOLOGY OFFICER
Name HELLMANN, BORIS
Address SEBETICEVA 5
City-State-Zip: KARLOVAC 47000

Title YOUTH ASSISTANT
Name STARESINA, DOROTEA
Address ZORKOVAC NA KUPI 20
City-State-Zip: OZALJ 47280

Title YOUTH ASSISTANT
Name HLAIC, LORENA
Address DONJE POKUPJE 56A
City-State-Zip: KARLOVAC OC 47000

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: LAWRENCE S. WAITE**PRESIDENT****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date