

2021 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 &
TREASURER****02/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date