

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012178

**Entity Name:** LOTUS ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

217 NW 15 STREET  
SUITE 470  
MIAMI, FL 33136

**FILED**  
**Jan 31, 2020**  
**Secretary of State**  
**9876214153CC**

**Current Mailing Address:**

3921 ALTON RD.  
SUITE 470  
MIAMI BEACH, FL 33140 US

**FEI Number: 92-0233563**

**Certificate of Status Desired: Yes**

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

COLLINS, CONSTANCE ESQUIRE  
217 NW 15 STREET  
MIAMI, FL 33136 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: CONSTANCE COLLINS**

**01/31/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name VILLANO, KATHRYN  
Address 2453 INAGUA AVE  
City-State-Zip: MIAMI FL 33133

Title PRESIDENT  
Name COLLINS, CONSTANCE  
Address 217 NW 15 STREET  
City-State-Zip: MIAMI FL 33136

Title TREASURER  
Name LOTSPEICH, JULIE  
Address 1311 CAPRI ST  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MARGUILES, MARTIN  
Address 445 GRAND BAY DRIVE, PH1B  
City-State-Zip: KEY BISCAVNE FL 33149

Title DIRECTOR  
Name WECHSLER, DEBRA  
Address 5299 HAMMOCK DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR  
Name WHITMAN, ANGELA  
Address 10225 COLLINS AVENUE, #1102  
City-State-Zip: BAL HARBOUR FL 33151

Title VP  
Name SUMBERG, JOHN C.  
Address 1450 BRICKELL AVE  
23RD FLOOR  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name LOTSPEICH, JULIE  
Address 3921 ALTON RD.  
SUITE 470  
City-State-Zip: MIAMI BEACH FL 33140

**Continues on page 2**

*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: CONSTANCE COLLINS**

**PRESIDENT**

**01/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BERMONT, RICHARD  
Address 220 ALHAMBRA CIRCLE, 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BROAD, ANITA  
Address 1030 HARDEE ROAD  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name CENTNER, LEILA  
Address 5025 COLLINS AVE., PENTHOUSE  
City-State-Zip: MIAMI BEACH FL 33140