## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012178

Entity Name: LOTUS ENDOWMENT FUND, INC.

**Current Principal Place of Business:** 

217 NW 15 STREET MIAMI. FL 33136

**Current Mailing Address:** 

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

FEI Number: 92-0233563 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

GRIMM, CARLY 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: CARLY GRIMM 01/24/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **DIRECTOR** Title **PRESIDENT** 

Name VILLANO, KATHRYN Name COLLINS, CONSTANCE Address 2453 INAGUA AVE Address **217 NW 15 STREET** City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33133

**DIRECTOR** DIRECTOR Title Title

Name WECHSLER, DEBRA Name MARGUILES, MARTIN 5299 HAMMOCK DRIVE Address 445 GRAND BAY DRIVE, PH1B Address CORAL GABLES FL 33156 City-State-Zip: KEY BISCAYNE FL 33149 City-State-Zip:

Title Title DIRECTOR

Name SUMBERG, JOHN C. Name WHITMAN, ANGELA 1450 BRICKELL AVE Address 10225 COLLINS AVENUE, #1102 Address

23RD FLOOR BAL HARBOUR FL 33151

City-State-Zip: City-State-Zip: MIAMI FL 33131

Title **SECRETARY** Title **DIRECTOR** Name LOTSPEICH, JULIE

Address 3921 ALTON RD. 3921 ALTON RD., , SUITE 470 Address

SUITE 470

City-State-Zip: MIAMI FL 33140 City-State-Zip: MIAMI BEACH FL 33140

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BROAD, ANITA

Name

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.

01/24/2023 SIGNATURE: CONSTANCE COLLINS **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 24, 2023

**Secretary of State** 

9666955193CC

## Officer/Director Detail Continued:

Title DIRECTOR

Name CENTNER, LEILA

3921 ALTON ROAD #465 Address

City-State-Zip: MIAMI BEACH FL 33140