

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012178

Entity Name: LOTUS ENDOWMENT FUND, INC.

FILED
Jan 31, 2018
Secretary of State
CC9223150694

Current Principal Place of Business:

217 NW 15 STREET
SUITE 470
MIAMI, FL 33136

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

01/31/2018

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 (NOT A DIRECTOR)
Name FRUSCIANTE, ANNA
Address 217 NW 15 STREET
City-State-Zip: MIAMI FL 33136

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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: ANNA FRUSCIANTE

SECRETARY

01/31/2018

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