



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90032 042 ****70.00

DOCUMENT # 705762					
1. Entity Name LYNN UNIVERSITY, INC.					
Principal Place of Business 3601 N MILITARY TRAIL BOCA RATON, FL 33431			Mailing Address 3601 N MILITARY TRAIL BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSS, DONALD E. DR. LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON, FL 33431				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DONALD E			NAME	
STREET ADDRESS	2083 THATCH PALM DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDGREN, ARTHUR			NAME	
STREET ADDRESS	2707 SW 6TH STREET			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP	
TITLE	TT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTIMER, JOHN			NAME	
STREET ADDRESS	2150 S. OCEAN BLVD., APT 4A			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVILLE, HUGH			NAME	
STREET ADDRESS	10 KNOX AVENUE			STREET ADDRESS	
CITY-ST-ZIP	JOHNSTOWN, NY 12095			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASALE, ANTHONY J			NAME	Assistant Secretary
STREET ADDRESS	2917 S. OCEAN BLVD., APT 101			STREET ADDRESS	Casale, Anthony J.
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487			CITY-ST-ZIP	2917 S Ocean Blvd., Apt. 101 Highland Beach, FL 33487
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Donald E. Ross		02/01/04 561 237-7824	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

