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FILED  
Jan 28 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705762 (3)

1. Corporation Name

LYNN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

3601 N MILITARY TRAIL  
BOCA RATON FL 33431

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BOCA RATON FL 33431

3. Date Incorporated or Qualified

06/14/1963

4. FEI Number

59-1023117

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DONALD E. DR.  
LYNN UNIVERSITY  
MILITARY TRAIL  
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3601 N. MILITARY TRAIL

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ROSS, DONALD E  
STREET ADDRESS 150 NE 5TH AVE.  
CITY-ST-ZIP BOCA RATON FL

TITLE D  
NAME LYNN, EUGENE M  
STREET ADDRESS 565 ALEXANDER PALM RD  
CITY-ST-ZIP BOCA RATON FL

TITLE TD  
NAME LANDGREN, ARTHUR  
STREET ADDRESS 5191 TENNIS LANE  
CITY-ST-ZIP DELRAY BCH FL

TITLE D  
NAME MORTIMER, JOHN  
STREET ADDRESS 611 PLUM RUN DR.  
CITY-ST-ZIP WESTCHESTER PA

TITLE CD  
NAME CARVILLE, HUGH  
STREET ADDRESS KNOX AVENUE  
CITY-ST-ZIP JOHNSTOWN NY

TITLE VPS  
NAME CARVILLE, GERALD D  
STREET ADDRESS 2156 ACORN PALM DR.  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 under Section 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald D. Carville* EXECUTIVE VICE PRESIDENT 1/16/98 561-994-0770

CR2E037 (10/97)