


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 705762 1. Entity Name LYNN UNIVERSITY, INC.	
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Principal Place of Business 3601 N MILITARY TRAIL BOCA RATON, FL 33431	Mailing Address 3601 N MILITARY TRAIL BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1023117	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD E. DR.
LYNN UNIVERSITY
3601 N MILITARY TRAIL
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSS, DONALD E 2083 THATCH PALM DRIVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDGREN, ARTHUR 2707 SW 6TH STREET DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MORTIMER, JOHN 2150 S. OCEAN BLVD., APT 4A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CASALE, ANTHONY J 2917 S. OCEAN BLVD., APT 101 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000288518
04/05/05-80014-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Anthony J. Casale, Vice President** 3/22/05 561 237-7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR