


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.



Principal Place of Business
 3601 N MILITARY TRAIL
 BOCA RATON, FL 33431

Mailing Address
 3601 N MILITARY TRAIL
 BOCA RATON, FL 33431



03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1023117

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

DO NOT WRITE IN THIS SPACE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000288518
 04/05/05-80014-003 70.00

DO NOT WRITE IN THIS SPACE

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 Date Daytime Phone #