

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 16, 2009**  
**Secretary of State**

DOCUMENT# N04000007368

**Entity Name:** BOCA RATON PHILHARMONIC SYMPHONIA, INC.**Current Principal Place of Business:**2285 POTOMAC RD  
BOCA RATON, FL 33431**New Principal Place of Business:****Current Mailing Address:**2285 POTOMAC RD  
BOCA RATON, FL 33431**New Mailing Address:****FEI Number:** 20-1454440**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PATRICIA T. ANDERSON, INC.  
1008 SW 12TH AVE  
BOCA RATON, FL 33486 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLINN, NANCY  
Address: 5900 OLD OCEAN BLVD # A4  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S ( ) Delete  
Name: STEIN, EDITH  
Address: 21331 GREENWOOD COURT  
City-St-Zip: BOCA RATON, FL 33433

Title: VPA ( ) Delete  
Name: BLOCK, BARBI  
Address: 11839 BAYFIELD DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: KAYE, JEFFERY  
Address: 6325 LAS FLORES DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: BOUCARD, CAROLE  
Address: 10306 BREEZEWAY PLACE  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: FOREMAN-KOZEL, MOLLY  
Address: 6200 ISLAND BEND # B  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARSHALL, TURKIN  
Address: 6460 QUINTANA PLACE  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPA (X) Change ( ) Addition  
Name: MOORE, ROBERT  
Address: 790 ANDREWS AVE, SUITE 103-C  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHALL TURKIN

P

12/16/2009

Electronic Signature of Signing Officer or Director

Date