
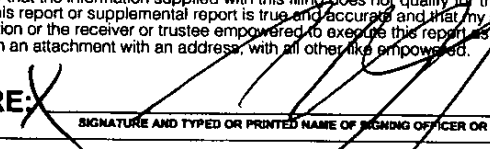


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90407 001 ***422.50

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # N06000001906 1. Entity Name MADRID CONDOMINIUM COMMUNITY ASSOCIATION INC. | | | |  | |
| Principal Place of Business C/O METROPOLIS HOMES 128 EAST COLONIAL DRIVE ORLANDO, FL 32801 | | | Mailing Address C/O METROPOLIS HOMES 128 EAST COLONIAL DRIVE ORLANDO, FL 32801 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SABETI, MANSOUR MAX 128 EAST COLONIAL DRIVE ORLANDO, FL 32801 | | | 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 _____ <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, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD SABETI, MANSOUR MAX C/O METROPOLIS HOMES ORLANDO, FL 32801 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SABETI, LANA F C/O METROPOLIS HOMES ORLANDO, FL 32801 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ANDRE, ANNETTE C/O METROPOLIS HOMES ORLANDO, FL 32801 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  | | | 3-30-07 407-835-1369 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

ATTACHMENT

106010139
#N66000001906

Form **SS-4**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

| | |
|---|---|
| 1 Legal name of entity (or individual) for whom the EIN is being requested Madrid Condominium Community Association, Inc. | |
| 2 Trade name of business (if different from name on line 1) | 3 Executor, administrator, trustee, "care of" name c/o Metropolis Homes Co. |
| 4a Mailing address (room, apt., suite no. and street, or P.O. box) 128 East Colonial Drive | 5a Street address (if different) (Do not enter a P.O. box.) |
| 4b City, state, and ZIP code Orlando, FL 32801 | 5b City, state, and ZIP code |
| 6 County and state where principal business is located Orange County, Florida | |
| 7a Name of principal officer, general partner, grantor, owner, or trustor Mansour Sabeti | 7b SSN, ITIN, or EIN 59-3395534 |

| | | | |
|---|--|--|--|
| 8a Type of entity (check only one box) | | <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises | |
| <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Condo Association <input type="checkbox"/> Other (specify) ▶ | | Group Exemption Number (GEN) ▶ | |

| | | |
|---|--------------------|-----------------|
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | State FL | Foreign country |
|---|--------------------|-----------------|

| | | | |
|---|--|--|--|
| 9 Reason for applying (check only one box) | | <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ | |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ Condominium Association <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ | | | |

| | |
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| 10 Date business started or acquired (month, day, year). See instructions. 2/20/2006 | 11 Closing month of accounting year December |
|--|--|

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| 12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) | ▶ n/a |
|---|--------------|

| | | | |
|---|--------------|-----------|----------|
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). | Agricultural | Household | Other |
| Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) | 0 | 0 | 0 |

| | | | |
|---|--|---|--|
| 14 Check one box that best describes the principal activity of your business. | | <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) | |
|---|--|---|--|

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|---|
| 15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Condominium Association |
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|--|---|
| 16a Has the applicant ever applied for an employer identification number for this or any other business? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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Note. If "Yes," please complete lines 16b and 16c.

| | | |
|--|--------------|--------------|
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. | Legal name ▶ | Trade name ▶ |
|--|--------------|--------------|

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|---|--|----------------------------|--------------|
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. | Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
|---|--|----------------------------|--------------|

| | | | |
|----------------------|--|--|--|
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | |
| | Designee's name | | Designee's telephone number (include area code) () |
| | Address and ZIP code | | Designee's fax number (include area code) () |

| | | |
|---|--|---|
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) (407) 835-1369 |
| Name and title (type or print clearly) ▶ Mansour Sabeti President | | Applicant's fax number (include area code) (407) 835-9337 |

| | |
|-------------|-------------------------|
| Signature ▶ | Date ▶ 4/03/2007 |
|-------------|-------------------------|