

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06764

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC5937265891**

**Entity Name:** ENTERPRISE COMMUNITY PARTNERS, INC.

**Current Principal Place of Business:**

11000 BROKEN LAND PARKWAY  
SUITE 700  
COLUMBIA, MD 21044

**Current Mailing Address:**

11000 BROKEN LAND PARKWAY  
SUITE 700  
COLUMBIA, MD 21044 US

**FEI Number:** 52-1231931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title C  
Name TERWILLIGER, J. RONALD  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title S.V.P., SECRETARY AND GENERAL  
COUNSEL  
Name THOMAS, FAITH  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title SVP  
Name CHATMAN, LORI  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title P  
Name LUDWIG, TERRI  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title S.V.P.  
Name BLATCHFORD, LAUREL  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title S.V.P.  
Name DI SPIGNO, ANTHONY  
Address 11000 BROKEN LAND PARKWAY  
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City-State-Zip: COLUMBIA MD 21044

Title S.V.P.  
Name SOLIS, ALI  
Address 11000 BROKEN LAND PARKWAY  
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City-State-Zip: COLUMBIA MD 21044

Title VP  
Name ANDERSON, A. SCOTT  
Address 11000 BROKEN LAND PARKWAY  
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City-State-Zip: COLUMBIA MD 21044

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** FAITH E THOMAS

**SVP & SECRETARY**

**03/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BARRANCO, MARY JO  
Address 11000 BROKEN LAND PARKWAY  
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Title VP  
Name FAIREY, KEITH  
Address 11000 BROKEN LAND PARKWAY  
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Title VP  
Name GROSS, RICHARD  
Address 11000 BROKEN LAND PARKWAY  
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Title VP  
Name HOFFMAN, MATTHEW  
Address 11000 BROKEN LAND PARKWAY  
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Title VP  
Name MANEKIN, EDWARD  
Address 11000 BROKEN LAND PARKWAY  
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Title VP  
Name MCDERMOTTE, MARK  
Address 11000 BROKEN LAND PARKWAY  
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Title VP  
Name POLLACK, MELINDA  
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Title VP  
Name SWENSON, KATIE  
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Title TRUSTEE  
Name ALMODOVAR, PRISCILLA  
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Title TRUSTEE  
Name BARRY, MARIA

Title VP  
Name BOWERS, DAVID  
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Title VP  
Name GEER, ANDREW  
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Title VP  
Name BERNARD, PAUL  
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Title VP  
Name LEONARD, MARY ANN  
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Title VP  
Name MANUEL, TIFFANY  
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Title VP  
Name NICHOLS, BENJAMIN  
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Title VP  
Name SHANNON-VLKOVIC, MEAGHAN  
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Title VP  
Name WHETTEN, MICHELLE  
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Title TRUSTEE  
Name BAER, GREGORY  
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Title TRUSTEE  
Name BECKMANN, BILL

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Title TRUSTEE  
Name BOSTIC, RAPHAEL

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Title TRUSTEE  
Name FALK, DONALD

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Title TRUSTEE  
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Title TRUSTEE  
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Title TRUSTEE  
Name SALAZAR, TONY  
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Title TRUSTEE  
Name LAZIO, RICK  
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Title TRUSTEE  
Name POPPE, BARBARA  
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Title VP  
Name SHIN, EUN (JULIA)  
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Title SVP  
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Title TRUSTEE  
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Title TRUSTEE  
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Title TRUSTEE  
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Title VP  
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Title SVP, CFO AND TREASURER  
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Title TRUSTEE  
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Title TRUSTEE  
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Title TRUSTEE  
Name MCENERNEY, PATRICK  
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Title TRUSTEE  
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