

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001085

Entity Name: ENTERPRISE COMMUNITY DEVELOPMENT, INC.

FILED
Mar 19, 2021
Secretary of State
9036485609CC

Current Principal Place of Business:

11000 BROKEN LAND PARKWAY
STE:700
COLUMBIA, MD 21044

Current Mailing Address:

11000 BROKEN LAND PARKWAY
STE:700
COLUMBIA, MD 21044 US

FEI Number: 52-1888775

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DP
Name MCLAUGHLIN, BRIAN
Address 11000 BROKEN LAND PKWY.
SUITE:700
City-State-Zip: COLUMBIA MD 21044

Title S
Name SHACK, STEPHANIE L
Address 11000 BROKEN LAND PKWY.
SUITE:700
City-State-Zip: COLUMBIA MD 21044

Title VP
Name MADIGAN, CHRISTINE
Address 11000 BROKEN LAND PKWY.
SUITE:700
City-State-Zip: COLUMBIA MD 21044

Title D
Name WERHANE, CHARLES
Address 11000 BROKEN LAND PKWY.
SUITE:700
City-State-Zip: COLUMBIA MD 21044

Title T
Name GALENTINE, JEFFREY
Address 11000 BROKEN LAND PKWY.
SUITE:700
City-State-Zip: COLUMBIA MD 21044

Title VP
Name SHIFLETT, KELLY N
Address 11000 BROKEN LAND PKWY.
SUITE:700
City-State-Zip: COLUMBIA MD 21044

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: STEPHANIE SHACK

SECRETARY

03/19/2021

Electronic Signature of Signing Officer/Director Detail

Date