

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212517284

1.) CORPORATION NAME:

Enterprise Community Partners, Inc.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1166497**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10227 WINCOPIN CIR STE 500

CITY/ST/ZIP: COLUMBIA, MD 21044

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TERRI LUDWIG OFFICER DIRECTOR
TITLE: PRES/CEO
ADDRESS: 10227 WINCOPIN CIRCLE
STE 500
CITY/ST/ZIP/CO: COLUMBIA, MD 21044

NAME: PATRICIA ROUSE OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 10227 WINCOPIN CIR
STE 500
CITY/ST/ZIP/CO: COLUMBIA, MD 21044

NAME: ALEX AVITABILE OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 10227 WINCOPIN CIR, STE 500
CITY/ST/ZIP/CO: COLUMBIA, MD 21044

NAME: DANA BOURLAND OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 10227 WINCOPIN CIR, STE 500
CITY/ST/ZIP/CO: COLUMBIA, MD 21044

NAME: DAVID BOWERS OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 10227 WINCOPIN CIR, STE 500
CITY/ST/ZIP/CO: COLUMBIA, MD 21044

NAME: CHRISTINE CARTALES OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 10227 WINCOPIN CIR, STE 500
CITY/ST/ZIP/CO: COLUMBIA, MD 21044

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANETTE DAYMUDE VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J DI SPIGNO VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH FAIREY VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM F FREY SR VP 80 FIFTH AVENUE 6TH FLOOR NEW YORK, NY 10011-8002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW E GEER VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GROSS VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GROSSINGER VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW HOFFMAN VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMALIA KASTBERG VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN LADO VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN LEONARD VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD MANEKIN VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK MCDERMOTH VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETRA MONTAGUE VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELINDA J POLLACK VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD ROSENTHAL VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY SCHAFFER VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABBY JO SIGAL VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATIE SWENSON VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM A WEAVER-MCDONALD VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE WHETTEN VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FAITH E THOMAS SVP/GC/SEC 10227 WINCOPIN CIRCLE SUITE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MCNEELY SVP, TREASURER 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. SCOTT ANDERSON SVP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAOMI BAYER SVP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI CHATMAN SVP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL CUMMINGS SVP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY DI SPIGNO SVP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAZNE SOLIS SVP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. RONALD TERWILLIGER CHAIRMAN 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD TERWILLIGER CHAIRMAN 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PRISCILLA ALMODOVAR DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY BAER DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA BARRY DIRECTOR 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL BECKMANN DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH BROWN DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND CHRISTMAN DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD COLES DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHEILA CROWLEY DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM FLATTO DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DORA LEONG GALLO DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICIA GLEN DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD GRZYWINSKI DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK LAZIO DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA MILORD DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL PARRY DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANKLIN RAINES DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLAS RETSINAS DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN ROSE DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ROTH DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY SALAZAR DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENATA SIMRIL DIRECTOR 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES WERHANE DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REGINALD WILLIAMS DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY ZIGAS DIRECTOR 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ FAITH E THOMAS	FAITH E THOMAS, SVP/GC/SEC	5/9/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		