

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725490

**Entity Name:** HILLCREST MANOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13810 KIMBERLY DR  
LARGO, FL 33774

**Current Mailing Address:**

P. O. BOX 64  
INDIAN ROCKS BEACH, FL 33785-0064 US

**FEI Number:** 59-1618605

**Certificate of Status Desired:** No

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

HURST, MARK  
11228 137TH ST N  
LARGO, FL 33774 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:** MARK HURST

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORGAN, MARCIA  
Address        13810 KIMBERLY DR  
City-State-Zip: LARGO FL 33774

Title            VP  
Name            RIGGS, KATE  
Address        11182 137TH ST N  
City-State-Zip: LARGO FL 33774

Title            TREASURER  
Name            HURST, MARK  
Address        11228 137 STREET  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            COLTON-VOWELL, ANNA  
Address        13761 JOYCE DR  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            LEPORE, MARGARET  
Address        11119 CARLA DR  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            HENSON, JACOB  
Address        13781 JOYCE DR  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            NOLAN, MICHAEL  
Address        11160 HAMMOCK DR  
City-State-Zip: LARGO FL 33774

Title            SECRETARY  
Name            YEAGER, LINDA  
Address        11144 HAMMOCK DR  
City-State-Zip: LARGO FL 33774

*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:** MARK HURST

**TREASURER**

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date