

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725490

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

**Current Principal Place of Business:**

13811 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:**

WELLER, HARRIETTE  
13811 KIMBERLY DRIVE  
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:** HARRIETTE WELLER

02/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOBEY, RICHARD  
Address        13940 JOYCE DRIVE  
City-State-Zip: LARGO FL 33774

Title            VP  
Name            BERNING, TOM  
Address        11174 REGAL LANE  
City-State-Zip: LARGO FL 33774

Title            TREASURER  
Name            MICHALCZAK, JUSTIN  
Address        11397 HARMONY DRIVE  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            LESTER, PATRICIA  
Address        11173 REGAL LANE  
City-State-Zip: LARGO FL 33774

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

Title            DIRECTOR  
Name            JOHNSON, FRANK  
Address        11122 137 STREET N  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            TARRANT, SANDRA  
Address        13915 BONNIE BRAE DRIVE  
City-State-Zip: LARGO FL 33774

Title            SECRETARY  
Name            WELLER, HARRIETTE  
Address        13811 KIMBERLY DRIVE  
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:** HARRIETTE WELLER

**SECRETARY**

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date