FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

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			Filed pursuant or Secti	to Section : on 30(h) of	16(a) of the Securities Exchange at the Investment Company Act of 1	Act of 1934 .940						
1. Name and Address of Reporting Person*  FAIRHOLME CAPITAL  MANAGEMENT LLC  2. Date Requirir (Month/				nent	3. Issuer Name and Ticker or Trading Symbol ST JOE CO [ JOE ]							
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD 9TH FLOOR					Officer (give title Oth		(s) to Issuer  10% Owner  Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check			
(Street)			,		56.011)	Belowy		••	Form filed by	y One Reporting y More than One		
MIAMI	FL	33137						11	Reporting P	erson		
(City)	(State)	(Zip)										
			Table I - Non	-Derivat	ive Securities Beneficial	lly Owned						
1. Title of Sec	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	cṫ (D)   (I	. Naturo nstr. 5)		Beneficial Own	ership	
Common Sto	ock				23,136,502(1)	D						
Common Stock					23,136,502	I	See Footnote <sup>(2)</sup>					
Common Sto	ock				3,755,318	I	S	See Footnote <sup>(3)</sup>				
					e Securities Beneficially ants, options, convertible		s)					
1. Title of Derivative Security (Instr. 4)  2. Date Exerci Expiration Da (Month/Day/Y)				cisable and	3. Title and Amount of Secu	. Title and Amount of Securities Inderlying Derivative Security (Instr. 4)		ion C	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivati Security	ve lo	Direct (D) or Indirect I) (Instr. 5)			
	Address of Reporting		MENT LLC									
(Last) 4400 BISCA 9TH FLOO	(First) AYNE BOULEVA R	(Midd	dle)									
(Street) MIAMI	FL	331	37									
(City)	(State)	(Zip)										
	Address of Reporting											
	(First) IOLME CAPITA AYNE BOULEV		NT, L.L.C.									

1. Name and Address of Reporting  $\mathsf{Person}^*$ 

FL

(State)

**BERKOWITZ BRUCE R** 

(Street)
MIAMI

(City)

(Last) (First) (Middle)

C/O FAIRHOLME CAPITAL MANAGEMENT, L.L.C.

33137

(Zip)

4400 BISCAYNE BOULEVARD, 9TH FLOOR								
(Street) MIAMI	FL	33137						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

- 1. These securities are directly owned by Fairholme Funds, Inc., which is a Reporting Person.
- 2. The securities may be deemed to be beneficially owned by Fairholme Capital Management, L.L.C., ("Fairholme") as the investment manager of Fairholme Funds, Inc., and by Mr. Berkowitz as the managing member of Fairholme. The Reporting Persons disclaim beneficial ownership in the securities reported on this Form 3 except to the extent of his or its pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that the Reporting Persons are the beneficial owners of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.
- 3. The securities may be deemed to be beneficially owned by Fairholme, as the investment manager of such managed accounts, and by Mr. Berkowitz as the managing member of Fairholme. The Reporting Persons disclaim beneficial ownership in the securities reported on this Form 3 except to the extent of his or its pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that the Reporting Persons are the beneficial owners of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Fairholme Capital

Management, L.L.C., By: /s/ 10/14/2010

Bruce R. Berkowitz

Fairholme Funds, Inc., By:

Fairholme Capital

Management, L.L.C., 10/14/2010

Investment Manager, By: /s/

Bruce R. Berkowitz

<u>/s/ Bruce R. Berkowitz</u> <u>10/14/2010</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.