FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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CONNOLLY JANNA L	2. Date of Event Requiring Stater Month/Day/Yea 05/15/2007	ment	3. Issuer Name and Ticker or Trad <u>ST JOE CO</u> [JOE]	ling Symbol			
(Last) (First) (Middle) 245 RIVERSIDE AVENUE			4. Relationship of Reporting Perso (Check all applicable) Director	10% Owne	r (Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)	
SUITE 500			X Officer (give title below)	Other (spe- below)	, [0. 111	dividual or Joint icable Line)	/Group Filing (Check
(Street)			Chief Accounting (Officer	X	Form filed by	y One Reporting Person
JACKSONVILLE FL 32202						Form filed by Reporting Po	y More than One erson
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect ((Instr. 5)	t (D) (Instr		Beneficial Ownership
Common Stock			6,279	D			
Common Stock			3,029.7251	I	By 4	01(k) Plan	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Security Underlying Derivative Security		4. Conversion or Exercise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option	(1)	08/11/2007	Common Stock	4,107	19.38	D	
Employee Stock Option	(1)	02/22/2010	Common Stock	12,002	16.69	D	

Explanation of Responses:

1. All options are vested.

Remarks:

/s/ Janna L. Connolly

05/16/2007

** Signature of Reporting Person

Date

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

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.

^{*} 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).