SEC Form 3

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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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Frampton Harry H III	I Requiring Statement		3. Issuer Name and Ticker or Trading Symbol <u>ST JOE CO</u> [JOE]						
(Last) (First) (Middle) 245 RIVERSIDE AVENUE			4. Relationship of Reporting Perso (Check all applicable) X Director		on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 500			Officer (gi below)	ve title	Other (spe below)		plicable Line)	t/Group Filing (Check	
(Street) JACKSONVILLE FL 32202								y One Reporting Person y More than One erson	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			Amount of Securities neficially Owned (Instr. 4) or Indirect (I) (Instr. 5)		t (D) (Ins	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			5,000		Ι		By wife.		
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 Securit Underlying Derivative Securit			4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	ive or Indirect		

Remarks:

/s/ Harry H. Frampton, III

** Signature of Reporting Person

08/16/2005

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.