ST JOE CO Form 3 3.6

11 0007

May 11, 2007						
FORM 3 UNITED STA	OMB A	OMB APPROVAL				
Washington, D.C. 20549						3235-0104
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF						January 31,
SECURITIES					Estimated a	2005 average
Section 17(a) of 3	t to Section 16(a) of the the Public Utility Holdin 0(h) of the Investment C	ng Company	y Act of 193		burden hou response	irs per
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> MCCALMONT WILLIAM S	Statement LMONT WILLIAM S (Month/Day/Year)		ne and Ticker o D [JOE]	mbol		
(Last) (First) (Middle)	05/10/2007	4. Relationsh Person(s) to 1	ip of Reporting Issuer		Amendment, D (Month/Day/Yes	-
245 RIVRERSIDE AVENUE, SUITE 500		(Check	all applicable)			
(Street) JACKSONVILLE, FL 32202		OfficerOther (give title below) (specify below) Chief Financial Officer		Filing Fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - N	Non-Deriva	tive Securiti		•	ł
1.Title of Security	2. Amount of		3.		Indirect Benet	
(Instr. 4)	Beneficially (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)	indirect Deile.	icia
No securities beneficially owned.	0		D	Â		
Reminder: Report on a separate line for ea owned directly or indirectly.	ach class of securities benefici	ially S	SEC 1473 (7-02)		
information cont required to respo	pond to the collection of ained in this form are not and unless the form displ MB control number.					
Table II - Derivative Secu	rities Beneficially Owned (e.	.g., puts, calls	, warrants, opt	tions, conver	tible securities	5)

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Addres	S	Relationships					
	Director	10% Owner	Officer	Other			
MCCALMONT WILLIAM S 245 RIVRERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202	Â 2	Â	Chief Financial Officer	Â			
Signatures							
/s/ William S. 05 McCalmont	/11/2007						
**Signature of Reporting Person	Date						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.